



House Finance Subcommittee on Human Services

TO: Representative Alex Marszalkowski, Chair
Representative Grace Diaz
Representative Robert Quattrocchi
Representative Deborah Ruggiero
Representative Scott Slater
Representative Carlos Tobon

FROM: American Cancer Society Cancer Action Network
American Heart Association
American Lung Association
Campaign for Tobacco-Free Kids

DATE: April 28, 2021

SUBJECT: Concerns with Governor's FY 22 Budget – Department of Health

Increasing Funding for Tobacco Prevention and Cessation Programs

On behalf of the American Cancer Society Cancer Action Network, American Heart Association, American Lung Association and the Campaign for Tobacco-Free Kids, thank you for the opportunity to testify on the FY22 proposed budget for the Rhode Island Department of Health. Our testimony relates to the proposal for funding for the Rhode Island Tobacco Control Program, housed within the budget for the Division of Community Health and Equity's Center for Health Promotion. We are concerned that the budget proposes only maintaining state funding for the Tobacco Control Program, with a proposed budget of \$396,732. At its high point in Rhode Island in 2002, the Program was funded at \$3.2 million. Since then we've witnessed a steep and concerning decline.

Our organizations have been consistent proponents regarding the importance of this funding, and we believe with the relief that our state has received from the American Rescue Plan Act, this year is an opportune time to restore Rhode Island's commitment to protecting our youth from the dangers of tobacco use and assisting adults in quitting by funding the Program at the historic high of \$3.2 million. At this critical moment with people focused on protecting their respiratory health, we must do everything in our power to keep our communities healthy and safe—which means building strong public health infrastructure including funding comprehensive tobacco control programs. Long after this pandemic passes, people deserve to live full, healthy lives free from the ills of tobacco use.

According to projections developed by the Campaign for Tobacco-Free Kids, increasing annual tobacco control funding to \$3.2 million would mean 500 fewer Rhode Island children would become adults who smoke. Additionally, sustaining \$3.2 million annually would decrease future healthcare expenditures by \$10.5 million.

The Problem: Tobacco Use and the Toll of Tobacco in Rhode Island

Tobacco use remains the largest preventable cause of disease and premature death in the United States. According to the U.S. Surgeon General, smoking is a known cause of acute myeloid leukemia and of cancer of the oropharynx, larynx, lung/trachea/bronchus, stomach, liver, pancreas, kidney, cervix, bladder, colon.ⁱ In fact, smoking is responsible for an estimated 28.3% of cancer deaths in Rhode Island – that was 608 cancer deaths in 2017.ⁱⁱ Additionally, smokeless tobacco use has been identified as a source of nicotine addiction and can cause cancer of the mouth, esophagus, and pancreas.ⁱⁱⁱ Evidence suggests cigarettes are being manufactured and marketed in ways that make them deadlier than ever. The Surgeon General has determined that individuals who smoke cigarettes today—both men and women—have a much higher risk for lung cancer and chronic obstructive pulmonary disease (COPD) than did smokers in 1964, despite smoking fewer cigarettes.^{iv} There is also a very strong link between tobacco use and cardiovascular disease (CVD).^v Smokers who smoke fewer than five cigarettes a day may show early signs of CVD – and smoking accounts for 1 in 4 CVD related deaths every year.^{vi} **There are 1,800 lives lost each year in Rhode Island, when you consider cigarette smoking alone.**^{vii}

It should be noted that the damage tobacco inflicts upon our state is not limited to death and disease. **Annual health care costs from smoking exceed \$640 million in Rhode Island including \$216.8 million that Rhode Island's Medicaid program spends each year to treat smoking-related diseases.**^{viii} Smoking-caused productivity losses cost our state an additional \$458.9 million annually.^{ix}

Given the wide-ranging impacts of tobacco use in the Ocean State, comprehensive tobacco control programs seek to impact more than just smoking rates and tobacco consumption. Tobacco control programs serve to address broader issues caused by tobacco-related health and social costs by protecting the state's most vulnerable residents from the ravages of tobacco use, optimizing population health, and minimizing preventable health care expenses, thus laying the foundations for a healthy and productive workforce.

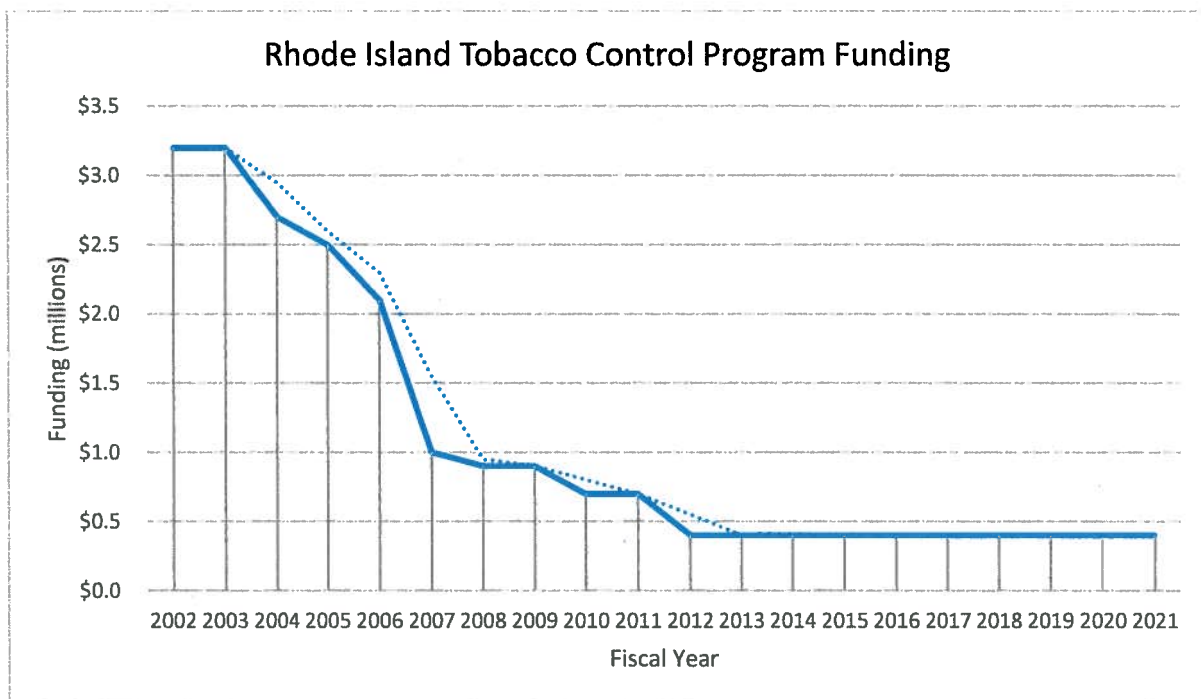
Historical Efforts and Evidence in Support of Comprehensive Tobacco Control in Rhode Island

In the last 50-plus years since the first Surgeon General's report on tobacco use was published, scientists and policymakers have learned a lot about what works to reduce tobacco use. Thanks to the decades of program implementation, surveillance, and evaluation, we now know what works best to prevent and reduce smoking and tobacco use. Extensive research shows enacting comprehensive smoke-free laws, regularly and significantly increasing tobacco taxes and adequately funding tobacco prevention and cessation programs work together to effectively reduce tobacco use and save lives. No matter when someone quits tobacco, there are large and immediate benefits— these benefits are as important now as ever given the impact that COVID-19 has had on our state. For some people who use tobacco products, the COVID-19 crisis may have provided motivation to quit; for others, trying to quit during a time of stress might be even harder. Rhode Island should do everything we can to help those who choose to quit to succeed.

According to the evidence-based best practices established for state programs by the Centers for Disease Control and Prevention (CDC), comprehensive tobacco control involves coordinated efforts to establish smoke-free policies and social norms, promote tobacco cessation and support those trying to quit, prevent initiation of tobacco use among prospective new users, and reduce tobacco-related health disparities among disparate populations.^x **When appropriately funded in accordance with CDC recommendations, comprehensive tobacco**

control programs are able to combine educational, clinical, regulatory, economic, and social strategies to reduce tobacco use.^{xi}

Our state currently invests a mere \$395,337 in Rhode Island's Tobacco Control Program, which is only 3.1% of the \$12.8 million that the CDC recommends that Rhode Island spend to combat the health and economic consequences of tobacco. Research shows that the more states spend on comprehensive tobacco control programs, the greater the reductions in smoking.^{xii} For example, one study found that Washington state saved more than \$5.00 in just tobacco-related hospitalization costs for every \$1.00 spent during the first 10 years of its program.^{xiii} The 2014 Surgeon General's report concluded that long-term investment is critical: "Experience also shows that the longer the states invest in comprehensive tobacco control programs, the greater and faster the impact."^{xiv} That's why it's increasingly concerning to see funding for the tobacco control program in Rhode Island continue to spiral downward from the 2002 historic high of \$3.2 million. Rhode Island has increased our state's cigarette excise tax 7 times over this same time span,^{xv} and we're projected to collect \$155,000,000 in cigarette excise taxes for FY2021.^{xvi}



Following the CDC funding recommendations for a comprehensive tobacco control program provides states with the needed framework to educate people on the dangers of tobacco use as well as connect people who are already addicted to tobacco to resources to help them quit.

The Growing Need for Increased Funding for Rhode Island's Tobacco Control Program

While Rhode Island has continued to decrease our state's investment in the Rhode Island Tobacco Control Program – we've seen a concerning increase in youth use of tobacco products. Over 33% of high school students reported currently using tobacco products in 2019,^{xvii} with over 30% reporting that they currently use an e-cigarette, compared to 20% in 2017.^{xviii} If we do not take immediate steps to reduce the toll of tobacco on our state, 16,000 youth now alive in Rhode Island will lose their lives prematurely from tobacco use.^{xix} To reduce the devastating health impact of cancer and other tobacco-related disease, we need to invest in programs that

prevent kids from starting to use tobacco and help others who are already addicted to quit. Despite much progress, the current rates of tobacco use remain unacceptable, and more than two-thirds (68%) of current smokers indicate they would still like to quit.^{xx} Simply stated, these are people who need our help, and they would benefit from funding increases to the tobacco control program. Their lives depend on it.

The 2014 Surgeon General's report on tobacco concluded that comprehensive statewide and community tobacco control programs are effective in preventing and reducing tobacco use by keeping young people from becoming addicted and helping individuals who use tobacco to quit.^{xxi} Increased counter-marketing that can protect kids from tobacco industry appeals is a critical aspect of comprehensive state tobacco control programs.^{xxii} This type of media effort is needed to counteract the **\$25 million per year that tobacco companies are spending to market their deadly and addictive products here in Rhode Island**^{xxiii} to recruit a new generation of "replacement smokers" and keep people who currently use tobacco addicted. Nationally, tobacco companies spend over \$13 for every \$1.00 that each state on average spends on their tobacco prevention programs. But in Rhode Island, tobacco companies spend nearly \$65 for every \$1.00 the state spends on funding our tobacco prevention programs.^{xxiv}

Tobacco use is not only a major public health issue, it is a social justice issue. Menthol cigarettes remain a key vector for tobacco-related death and disease in Black communities, with over 80% of Black Americans who smoke using them. Menthol cigarette use is also elevated among LGBTQ+ Americans, pregnant women and persons with lower incomes. A recent study showed that while overall cigarette use declined by 26% over the past decade, 91% of that decline was due to non-menthol cigarettes.^{xxv} In addition, secondhand smoke exposure also occurs most often in hospitality establishments such as casinos where people from Black and Brown communities more often work.^{xxvi}

The 2014 Surgeon General's report also determined, "States that have made larger investments in comprehensive tobacco control programs have seen larger declines in cigarettes sales than the nation as a whole, and the prevalence of smoking among adults and youth has declined faster, as spending for tobacco control programs has increased."^{xxvii}

We have provided here extensive evidence that increases in funding to our tobacco control program will greatly improve the reach and efficacy of tobacco prevention and cessation programs in Rhode Island. **If we are serious about fighting the death and disease caused by tobacco, we need to act now by increasing funding to the Rhode Island Tobacco Control Program to \$3.2 million.**

Thank you for the opportunity to testify today. If you have any questions or concerns, please feel free to reach out to any of us at the contact information below.

Thank you for your consideration.



Cori Chandler
ACS CAN



Megan Tucker
American Heart Association



Dan Fitzgerald
American Lung Association



Kevin O'Flaherty
Campaign for Tobacco-Free Kids

Director, Government
Relations
Cori.Chandler@cancer.org
401-243-2622

Government Relations
Director & Regional Lead
Megan.Tucker@heart.org
401-228-2331

National Senior Manager –
Advocacy
Daniel.Fitzgerald@lung.org
401-533-5176

Director of Advocacy – Northeast
Region
koflaherty@tobaccofreekids.org
646-919-0469

¹ U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

² American Cancer Society Cancer Action Network. State-Specific Smoking-Related Cancer Deaths – 2014 Estimates. <https://www.acscan.org/policy-resources/just-facts-state-specific-smoking-related-cancer-deaths-2014-estimates>.

³ HHS, 2017.

⁴ HHS, 2014.

⁵ HHS, 2014.

⁶ HHS, 2014.

⁷ CDC, *Best Practices for Comprehensive Tobacco Control Programs*, 2014.

⁸ Campaign for Tobacco-Free Kids. The Toll of Tobacco in Rhode Island. Updated Oct. 20, 2020. https://www.tobaccofreekids.org/problem/toll-us/rhode_island

⁹ Campaign for Tobacco-Free Kids, 2020

¹⁰ CDC, 2014.

¹¹ CDC, 2014.

¹² Centers for Disease Control and Prevention. State Tobacco Control Program Spending – United States, 2011. MMWR Morb Mortal Wkly.

<https://www.cdc.gov/mmwr/preview/mmwrhtml/mm642a5.htm>

¹³ Dilley, Julia A., et al., "Program, Policy and Price Interventions for Tobacco Control: Quantifying the Return on Investment of a State Tobacco Control Program," American Journal of Public Health, Published online ahead of print December 15, 2011. See also, Washington State Department of Health, Tobacco Prevention and Control Program, Progress Report, March 2011.

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¹⁴ HHS, 2014.

¹⁵ Campaign for Tobacco Free Kids. "Cigarette Tax Increases by State Per Year 2000-2021." <https://www.tobaccofreekids.org/assets/factsheets/0275.pdf>

¹⁶ Rhode Island Office of Management and Budget, Revenue Estimating Conference, 2020. <https://www.tobaccofreekids.org/assets/factsheets/0275.pdf>

¹⁷ Rhode Island Department of Health, Youth Risk Behavior Survey, 2019.

¹⁸ Rhode Island Department of Health, Youth Risk Behavior Survey, 2017.

¹⁹ HHS, 2014.

²⁰ U.S. Centers for Disease Control and Prevention. Quitting smoking among adults – United States 2000-2015. Morbidity and Mortality Weekly Report, January 6, 2017: 65(52); 1457–1464.

²¹ HHS, 2014.

²² CDC, 2014.

²³ The Truth Initiative, Campaign for Tobacco-Free Kids, American Heart Association and American Stroke Association, American Cancer Society Cancer Action Network, American Lung Association, Americans for Nonsmokers' Rights, and Robert Wood Johnson Foundation. A report entitled *Broken Promises to Our Children: A State-By-State Look at the 1998 State Tobacco Settlement 19 Years Later*. January, 2021. Available on-line at: https://www.acscan.org/sites/default/files/docs/FY2018_state_settlement_report.pdf. Tobacco company marketing expenditure data and state-specific estimates based on tobacco industry reports to the U.S. Federal Trade Commission *Cigarette Report for 2014*. 2016.

²⁴ Tobacco Free Kids. 2018 State Summaries. Available at:

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²⁶ U.S. Bureau of Labor Statistics. BLS Reports. Labor force characteristics by race and ethnicity, 2015. September 2016; Report 1062. <https://www.bls.gov/opub/reports/race-and-ethnicity/2015/home.htm>.

²⁷ HHS, 2014.